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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90130 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000021605

1. Corporation Name  
**INTERAMERICAN ATLANTIC DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
 316 ROYAL POINCIANA PLAZA 316 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480 PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/03/1997**

2. Principal Place of Business 2a. Mailing Address  
 21 340 Royal Poinciana Way 26 340 Royal Poinciana Way  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Suite 316 27 Suite 316  
 City & State City & State  
 23 Palm Beach, FL 28 Palm Beach, FL  
 Zip Country Zip Country

4. FEI Number Applied For  
**APPLIED FOR**  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CARSON, DONALD W**  
**316 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
 81 Name **Carson, Donald W**  
 82 Street Address (P.O. Box Number is Not Acceptable) **340 Royal Poinciana Way**  
 83 **Suite 316**  
 84 City **Palm Beach** 85 Zip Code **FL 33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DC	
NAME	FANJUL, ALFONSO	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVC	
NAME	FANJUL, JOSE F	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DP	
NAME	SARDINAS, ALINA	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DEV	
NAME	SARDINAS, JORGE L	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	
NAME	PORTUONDO, AURELIO	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	
NAME	CARSON, DONALD W	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
1.2 NAME	Suite 316	
1.3 STREET ADDRESS	Palm Beach, FL 33480	
1.4 CITY-ST-ZIP		
2.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
2.2 NAME	Suite 316	
2.3 STREET ADDRESS	Palm Beach, FL 33480	
2.4 CITY-ST-ZIP		
3.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
3.2 NAME	Suite 316	
3.3 STREET ADDRESS	Palm Beach, FL 33480	
3.4 CITY-ST-ZIP		
4.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
4.2 NAME	Suite 316	
4.3 STREET ADDRESS	Palm Beach, FL 33480	
4.4 CITY-ST-ZIP		
5.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
5.2 NAME	Suite 316	
5.3 STREET ADDRESS	Palm Beach, FL 33480	
5.4 CITY-ST-ZIP		
6.1 TITLE	340 Royal Poinciana Way	<b>CORRECTION</b>
6.2 NAME	Suite 316	
6.3 STREET ADDRESS	Palm Beach, FL 33480	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/25/99 Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone # 561-655-6303

CR2E034 (1/198)

444867-90130-30

ATTACHMENT TO  
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # P97000021605 (5)

1. Corporation Name

INTERAMERICAN ATLANTIC DEVELOPMENT CORPORATION

13. - CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

Change  Addition

NAME

Hernández, Oscar R.

STREET ADDRESS

316 Royal Poinciana Plaza

CITY-ST-ZIP

Palm Beach, Florida 33480